

BUDGET REVISIONS

Formal Agreement Amendment

B.2.b

Description

A formal Agreement amendment is required if a Grantee desires to change or amend any budgets that do not meet budget revision criteria of the informal allowable line item shift (See Budget Revisions, Informal Allowable Line Item Shifts). A formal agreement amendment is required when the following criteria are met:

1. Any one budget revision line item shift total is greater than \$25,000 or 10% of the annual agreement whichever is greater
2. The cumulative line item shift is greater than an annual maximum of \$50,000.
3. The annual agreement total increases or decreases.
4. Line item shifts meeting these criteria shall require a formal agreement amendment.
5. Grantee shall adhere to State requirements regarding the process to follow in requesting approval to make line item shifts.
6. Line item shifts may be proposed/requested by either the State or the Grantee.
7. Line item shifts are monitored at the summary level NOT the detail level.

Budget Format and Documents

An Excel file is provided by OFP containing templates for fiscal administration. Use of this workbook is mandatory. Spreadsheets are provided in this file to accommodate up to two budget revisions per fiscal year. The budget revision templates include areas to change budget line items and budget justifications for expenditures. Instructions for completing budget revisions are located on the first tab of the workbook titled "Guide".

The budget revision must:

- Be signed by the Fiscal Officer and Project Director (or designees),
- Contain all pages of the budget revision spreadsheet including the detail & budget justification pages, and
- Include any additional documentation required for staffing changes such as:
 - Revised Organizational Chart,
 - Duty Statement, and
 - Resume for key staff

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Requesting a Budget Revision

By e-mail send to:

[Click here to access Contract Manager e-mail addresses.](#)

Please include within e-mail request:

- Agency Name
- Grant Number
- Program
- Fiscal Year
- Budget Justification (Brief description of request)
- Agency Contact information (Name and telephone number)
- Attachments (scanned Budget Revision Request with signatures)

By United States Postal Service, send the original and one copy to:

Contract Manager
California Department of Health Services
Maternal, Child, and Adolescent Health/Office of Family Planning
MS 8305
P.O. Box 997420
Sacramento, CA 95899-7420

By courier delivery, (i.e. UPS, FedEx, Golden State Overnight, etc.) send the original and one copy to:

Contract Manager
California Department of Health Services
Maternal, Child, and Adolescent Health/Office of Family Planning
MS 8305
1615 Capitol Avenue, Suite 73.560
Sacramento, CA 95814-5015

By fax send to:

Fax No. (916) 650-0309
Contract Manager
California Department of Health Services
Maternal, Child, and Adolescent Health/Office of Family Planning

Note: All document deliveries not including the mail station number MS 8305 will be returned to sender by the DHS Mail Services Unit.

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Approval Process

OFP will review documents submitted requesting formal agreement amendments and contact Grantees for clarification if needed. If approved, OFP will contact grantees requesting signature on documents for processing a formal grant amendment. The grantee will receive a copy of the approved amendment to retain in a central location for audit purposes.